

**CLAIMS**

(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
Total Claims (37 CFR 1.16(c))	36 - 20 =	16	X \$ 18 =	\$ 288.00
Independent Claims (37 CFR 1.16(b))	<del>23</del> 3 - 3 =	0	X \$ =	\$
Multiple Dependent Claims (if applicable) (37 CFR 1.16(d))			+ \$ =	\$
			BASIC FEE (37 CFR 1.16(a))	\$ 750.00
Total of above Calculations				= \$ 1038.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				\$
TOTAL				= \$ 1038.00

6. ☐ Small entity status:
- a. ☐ A small entity statement is enclosed.
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.
7. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 02-2666.
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☒ Fees required under 37 CFR 1.18.
8. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
9. ☐ Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

**10. NEW CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label  
OR  
(Insert Customer No. or Attach Bar Code Label here)

☐ New Correspondence Address Below

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

**11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**NAME Sheryl Sue HollowayREGISTRATION NO. 37,850SIGNATURE DATE March 6, 2003



3-10-03

CPA \$2700

FEE TRANSMITTAL FOR FY 2003

TOTAL AMOUNT OF PAYMENT (\$) 1148.00

Complete if Known:  
Application No. 09/218,119  
Filing Date 12/21/98  
First Named Inventor Proehl, et al.  
Group Art Unit 2611  
Examiner Name Lonsberry, H.  
Attorney Docket No. 80398.P158

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  
Deposit Account Number 02-2666  
Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP  
☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed: ☐ Check  
☐ Money Order  
☐ Other

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FEE CALCULATION

Technology Center 2600

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1001	750	2001	375	Utility application filing fee	750.00
1002	330	2002	165	Design application filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional application filing fee	

SUBTOTAL (1) \$ 750.00

2. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	<u>36</u>	- 20** =	<u>16</u>	X	<u>18.00</u>	= <u>288.00</u>
Independent Claims	<u>3</u>	- 3** =	<u>0</u>	X		=
Multiple Dependent						=

\*\*Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$ 288.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		

1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1813	8,800	1813	8,800	Request for inter parties reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	110.00
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	For filing a submission after final rejection (see 37 CFR 1.129(a))	
1814	110	2814	55	Statutory Disclaimer	
1810	750	2810	375	For each additional invention to be examined (see 37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,300	1454	1,300	Acceptance of unintentionally delayed claim for priority	
Other fee (specify)					
Other fee (specify)					
<b>SUBTOTAL (3)</b>				<b>\$ 110.00</b>	

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**

Typed or Printed Name: Sheryl Sue Holloway

Signature: [Signature]

Date: MARCH 6, 2003

Reg. Number: 37,850

Telephone Number: 408-720-8300

"Express Mail" mailing label number: EL867652028US

Date of Deposit: March 6, 2003

I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231

(Typed or printed name of person mailing paper or fee) Barbara Herz

(Signature of person mailing paper or fee) [Signature]

(Date signed) 3-6-2003